



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1963-5106US																											
In re Application of Vermeulen et al.																													
Application Number 09/056,806		Filed April 8, 1998																											
For VACCINES AGAINST EIMERIA MEDIATED DISORDERS																													
Group Art Unit 1647	Examiner S. Turner, Ph.D.																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>RECEIVED</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>MAR 08 2004</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td></td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td></td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td></td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ ____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a): _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>March 1, 2004 _____ Date</p> <p>_____ Signature</p> <p>03/05/2004 BABRAH1 00000131 09056806 02 FC:1251 110.00 0P</p> <p>Krista Weber Powell Reg. No. 47,867 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p> <tr><td colspan="3">CERTIFICATE OF MAILING</td></tr> <tr><td colspan="3">Express Mail Label Number: <u>EV325784165US</u></td></tr> <tr><td colspan="3">Date of Deposit: <u>March 1, 2004</u></td></tr> <tr><td colspan="3">Person Making Deposit: <u>Christopher Haughton</u></td></tr>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	RECEIVED	\$110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	MAR 08 2004	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____	CERTIFICATE OF MAILING			Express Mail Label Number: <u>EV325784165US</u>			Date of Deposit: <u>March 1, 2004</u>			Person Making Deposit: <u>Christopher Haughton</u>		
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